

EXHIBIT 46



CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

TCYP-C-AP



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The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Valkera Investments Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shegelyacv

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shegelyaev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority Individually Jointly**Authorised Representative #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority Individually Jointly**A certified copy of the passport is required and should be attached*

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BANKING INSTRUCTIONS

The Person(s) indicated here below shall be authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank accounts and the beneficial owner(s) shall authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia Passport Number* 72.9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94 Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority Individually Jointly**Banking Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality Passport Number*

Occupation

Address

Phone Fax

Email

Relationship to beneficial owner(s)

Authority Individually Jointly

**A certified copy of the passport is required and should be attached*

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INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyacy@gmail.com

Invoicing Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed by

Name Alexander Shcheglyacy

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date